

2024 CAMS Scholarship Application Instructions



DEADLINE

All applications and supplemental materials must be received by March 31, 2024 11:59 PM EST.

ELIGIBILITY

The scholarship is open to all first, second and third year medical or dental students*. Students must be in good standing at an accredited U.S. medical or dental school in the USA at the time of application.

**Currently MS, DS and OMS 1, 2, and 3 students are qualified to apply. Any students that have just been accepted into medical school or dental school at the time of application are not eligible to apply at this time.*

Applicants must be current or pending CAMS Student members to apply. The CAMS membership application can be found on our website at www.camsociety.org/membership

FORMAT

All supporting documents submitted directly from the applicant should be typed single spaced in Times New Roman Font Size 12. Page Margins should be 1" for top, bottom, left, and right margins. Please do not use page borders or text boxes.

SUBMISSION

BY EMAIL

Email is the preferred method of submission for applications. The committee asks that all applications and supporting materials be sent as a single PDF file and emailed to scholarship@camsociety.org

Please include the applicant's **full name and CAMS Scholarship 2024** in the Subject Line of the email when submitting the application.

The file name for your application should be:

Applicant's Last Name, Applicant's First Name CAMS Scholarship2024.pdf

Any supplemental documents such as letters of recommendations that are to be sent separately by the recommenders should **have the applicants name as part of the file name and in the subject line of the email.**

The file name for all separate letters of recommendation should be submitted as follows:

Applicant's Last Name, Applicant's First Name LOR Author's Last Name

For any questions related to the Scholarship Application please email scholarship@camsociety.org, call (212) 334-4760 or visit <https://www.camsociety.org/scholarship>

2024 CAMS Scholarship Application Checklist



All applications submitted electronically should be sent as a **single PDF file** in the following order:

Required Documents Checklist

- 1. Completed and Signed Application Form *Unsigned Applications will not be accepted.*
- 2. Applicant's Curriculum Vitae
- 3. A letter from the Dean of Students or Registrar's Office verifying that the applicant is in good standing*
- 4. Letter of Recommendation #1*
- 5. Letter of Recommendation #2*

**Please be advised that all letters of recommendation should be on official letterhead and accompanied by an actual signature. The letter can be scanned and emailed to us directly. All other formats will not be accepted. Letters will not be accepted without an actual signature.*

Please also note that the Letter of Good Standing must be separate from the Letters of Recommendation and must be accompanied by an actual signature.

Reminder: Applicants must be current or pending members of the Chinese American Medical Society to be eligible for scholarship.

FINANCIAL NEED CONSIDERATION CHECKLIST (Optional)

Students who have extenuating financial circumstances and would like to apply for financial need consideration have the option to complete the Financial Need Supplemental Application.

- 1. A completed and signed Financial Need Consideration Application Supplement Form
- 2. A copy of the applicant's latest 1040 Tax Return. If the applicant is a dependent, a copy of the applicant's parent's 1040 Tax Return is required. If there is no 1040 Tax Return, the applicant must submit a written statement to the fact.
- 3. A letter from the applicant's Dean, Professor, or Financial Aid Office supporting their claim for financial need.
- 4. A letter or official document from the financial aid office of the medical school stating the amount of scholarships grants and loans the applicant received in 2023-2024

For any questions related to the scholarship please call (212) 334-4760 or visit <http://camsociety.org/scholarship>

The deadline to submit your application and all supplemental materials is March 31, 2024 11:59 PM EST.

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PART A: APPLICANT'S INFORMATION

Mr. Miss Ms. Mrs. Other _____

Last Name _____
Middle Initial _____
Home Address _____
Mailing Address _____
Mailing Address Effective Date From: _____
Phone Number _____
Date of Birth _____

First Name _____
Chinese Name (If applicable) _____
City, State ZIP _____
City, State ZIP _____
Mailing Address Effective Until: _____
Email Address _____

PART B: EDUCATION

Please select 1: MS OMS DS

Medical/Dental School Year: 1st Year 2nd Year 3rd Year

Medical/Dental School _____
School Address _____

Anticipated Date of Graduation _____
City, State ZIP _____

Graduate School _____
School Address _____
Degree Earned _____

City, State ZIP _____
Date of Graduation _____

Undergraduate College _____
Degree Earned _____

School City & State _____
Date of Graduation _____

High School _____
Date of Graduation _____

School City & State _____

PART C: ADDITIONAL INFORMATION

Have you previously applied for the CAMS Scholarship? Yes No

If yes, what year(s)? _____

Have you ever been awarded a CAMS Scholarship? Yes No

If yes, what year? _____

Are you a member of the Chinese American Medical Society? Yes Application Pending

Are any of your relatives members of the Chinese American Medical Society? Yes No

If Yes, what is their name? _____

Has any other member of your family received a CAMS Scholarship? Yes No

How did you hear about this scholarship? CAMS Website CAMS Email CAMS Student Representative
 CAMS Member CAMS Staff Other:

Please check here if your letter of recommendations will be sent directly to CAMS by the Author

Letter of Recommendation #1 will be sent by: _____

Letter of Recommendation #2 will be sent by: _____

Are you submitting the financial need supplemental application? Yes No

PART D: PERSONAL STATEMENT (500 Words or Less)

Please enter your personal statement in the space provided below.

PART E: ESSAY (250 words or less)

It is the mission of CAMS to improve the health status of Chinese Americans and to promote excellence in health care for all through the mobilization of health care professionals. As a future health care professional, what do you foresee as being the greatest challenge to improving the health status of Chinese Americans and what do you think can be done to address this?

Please enter your response in the space provided below.

PART F: SIGNATURE

I certify that the information provided on this form is true to the best of my knowledge.

Signature

Date

2024 CAMS Scholarship Application



FINANCIAL NEED CONSIDERATION SUPPLEMENTAL APPLICATION (Optional)

Students who have extenuating financial circumstances and would like to apply for financial need consideration have the option to complete the Financial Need Supplemental Application.

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APPLICANT'S INFORMATION

Mr. Miss Ms. Mrs. Other _____

Last Name _____

First Name _____

Middle Initial _____

Chinese Name (If applicable) _____

Medical/Dental School _____

Anticipated Date of Graduation _____

Father's Name _____

Place of Employment _____

Highest Level of Education _____

Occupation _____

Place of Birth _____

N/A Reason: _____

Mother's Name _____

Place of Employment _____

Highest Level of Education _____

Occupation _____

Place of Birth _____

N/A Reason: _____

Do you have any siblings? Yes No

If yes, how many and what are their ages?

Number of Siblings _____

Ages _____

FINANCIAL INFORMATION

Applicant's Current Outstanding Undergraduate Loans _____

Applicant's Current Outstanding Graduate/Professional Education _____

STATEMENT OF FINANCIAL NEED

*Please explain to the committee your current financial status and how you would benefit from being awarded a scholarship.
500 Words or less*

Please enter your statement of financial need in the space provided.

SIGNATURE

I certify that the information provided on this form is true to the best of my knowledge.

Signature

Date